used to develop tailored programs that best meet the needs of this younger group. Group-based self-management programs and social media were not highly valued or perceived to be accessible, and were rarely used for obtaining information about OA.

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THE RELATIONSHIP BETWEEN COMORBID KNEE OR HIP OSTEOARTHRITIS AND HEALTHCARE UTILIZATION AMONG OLDER ADULTS WITH NEW VISITS FOR BACK PAIN

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Purpose: Our primary objective is to determine if a comorbid diagnosis of knee or hip osteoarthritis (OA) in older adults with a new visit for back pain is associated with the type and amount of back-related healthcare services over a 12 month period when compared to patients without these OA diagnoses.

Methods: These data come from the Back pain Outcomes using Longitudinal Data (BOLD) registry, a prospectively collected cohort of older adults with a new visit for back pain. We selected 5,155 of 5,239 enrolled participants who had complete 24 months of electronic health record (EHR) data. Baseline measures included basic demographics, smoking status, duration of back pain, expectation for recovery, depression, anxiety, low back-related functional status (Roland Morris Disability Questionnaire ((RMDQ)), back pain numerical rating scale, pain interference with activities (Brief Pain Inventory), and EQ-5D. Comorbid OA diagnosis was ascertained from the EHR during the 12 months prior to each participant's new visit for back pain. The International Classification of Diseases, Ninth Revision (ICD9) codes were used to determine the presence of knee OA (ICD9 codes: 715.16, 715.26, 715.36, 715.96, and 716.66) and hip OA (ICD9 codes: 715.15, 715.25, 715.35, 715.95, and 716.65). We measured back related health service utilization for the 12 months following the index date using procedure codes from patients' EHR. Health service utilization included lumbar spine imaging (Xray, MRI, CT), provider visits (physician, physical therapy, emergency), and lumbar spine procedures (injections and surgeries). We used descriptive statistics to characterize baseline measures and utilization stratified by comorbid OA. We used binary logistic regression to determine the association between any use of a health service category and comorbid knee or hip OA. We adjusted all models for comorbid OA diagnosis, age, gender, race, ethnicity, marital status, smoking status, back pain duration, expectation for recovery, depression, anxiety, prior healthcare utilization, and study site.

Results: There were 368 (7.1%) participants with a comorbid knee OA diagnosis and 94 (1.8%) with a hip OA diagnosis. Use of lumbar spine imaging, medical visits, emergency visits, and lumbar surgery was generally similar among those with knee or hip OA and those without OA. Descriptive analysis showed a greater proportion of those with knee and hip OA used physical therapy services compared to those without OA, 141 (38.3%) and 34 (36.2%) versus 1411 (30.4%), respectively. Spine injections were more common in those with knee OA, 37 (10.1%), than in those with hip OA, 8 (8.5%), or those without OA, 266 (5.7%). Adjusted estimates found participants with knee OA had increased odds of receiving physical therapy (OR: 1.48, 95% confidence interval: 1.17, 1.88) and lumbar spine injections (OR= 1.66, 95% confidence interval: 1.14, 2.44). Hip OA was not significantly associated with receiving any health service category.

Conclusions: After a new visit for back pain, physical therapy and lumbar spine injections were more common in older adults with a prior diagnosis of knee OA. Older adults with a hip OA diagnosis also had greater physical therapy and lumbar spine injection use, but the adjusted associations were smaller than for knee OA and not statistically significant. Larger administrative database studies may be needed to ascertain more precise estimates for less common healthcare utilization categories.

Unadjusted healthcare use 0-12 months by group

	No Osteoarthritis (n=4368)N % Mean SD	Knee Osteoarthritis (n=368)N % Mean SD	Hip Osteoarthritis (n=94)N % Mean SD
All Lumbar Imaging	1823 39% 1.4 0.8	154 42% 1.4 0.8	33 35% 1.5 0.8
Xray	1461 31% 1.1 0.6	107 29% 1.2 0.5	25 27% 1.2 0.5
MRI & CT	769 17% 1.1 0.3	76 21% 1.2 0.5	17 18% 1.1 0.3
PT (Units)	1411 30% 5.9 5.7	141 38% 7.3 6.7	34 36% 7.0 5.6
Medical Visits	3626 78% 5.7 4.2	276 75% 6.8 4.6	69 73% 6.7 5.6
ER Visits	1230 27% 2.1 1.8	105 29% 2.3 2.1	26 28% 2.5 1.7
Lumbar Injections	266 6% 2.0 1.5	37 10% 2.2 1.3	8 9% 2.4 1.8
Lumbar Surgeries	70 2% 1.5 0.7	7 2% 1.1 0.4	3 3% 1.0 0.0

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PREVALENCE AND PREDICTORS OF NON-SURGICAL OSTEOARTHRITIS TREATMENT AMONG PATIENTS IN PRIMARY CARE CLINICS

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Purpose: Few studies have examined patterns of pharmacological and other non-surgical treatment use among patients with knee and hip osteoarthritis (OA), particularly in the U.S. This is important for understanding how evidence-based therapies are being utilized in real-world clinical settings. Further, although racial and gender differences have been identified in use of joint replacement surgery, little is known about whether these or other patient characteristics are associated with differences in use of non-surgical OA treatments. This study examined the frequency of and patient characteristics associated with use of OA therapies among patients in ten Family and Internal Medicine clinics.

Methods: Baseline data were obtained from a randomized clinical trial of Patient and Provider Interventions for Managing Osteoarthritis in Primary Care in a large health care system in Durham, NC, U.S. Participants (n=537; 40-57 per clinic) had knee and / or hip OA, were overweight (body mass index or BMI≥25), and were not meeting physical activity recommendations. Self-reported OA treatment use included: current use of non-steroidal ant-inflammatory drugs (NSAIDs), simple analgesics, and opioids; ever having used topical creams; ever having a knee joint injection (for participants with knee OA); ever having received physical therapy (PT) for knee / hip OA. Self-reported patient characteristics included: age, gender, race (white vs. non-white), low income status, fair or poor general health, BMI, Western Ontario and McMaster University Osteoarthritis Index (WOMAC) score, duration of OA symptoms, and indicators for diagnoses of hip and / or knee OA. Multivariable logistic regression models adjusting for clustering within clinics were used to examine associations of participant characteristics with each OA treatment variable.